Permit #	



City of Carmel/Clay Township APPLICATION FOR ELECTRICAL INSPECTION

NAME		PHONE	F.	FAX	
CONTRACTOR INFORMATION:	Street Address	City	State	Zip	
APPLICANT	NAME	CONTACT PHONE:			
INFORMATION:	Property Owner (or agent)	Contract OR Represe	tor entative		
TYPE of WORK:	RESIDENTIAL:	COMME	RCIAL:		
	PROPERTY OWNER NAME(S):	PHONE:			
PROPERTY OWNER INFORMATION:	STREET ADDRESS:	City	State	Zip	
	STREET ADDRESS (INSPECTION LOCATION):	City	State	Zip	
INSPECTION INFORMATION:	DATE OF INSPECTION:	TIME OF INSPECTION:			
TYPE OF IMPR	OVEMENT:		MOVING SERVICE FROM OVERHEAD TO UNDERGROUND?		
☐ UPGRADE SEF	RVICE: From to	□ YES		0	
☐ UPGRADE PAN	NEL BOARD(S)	Number of i	NEW CIRCUITS	S:	
☐ ADDITION, ALTERATION, REMODEL, or REPAIR TO AN EXISTING ELECTRICAL DISTRIBUION SYSTEM			Number of METERS:		
 NEW METER SERVICE (i.e. Fountain in pond; Subdivision street or signage lighting; Installation of new utility services for an area) 		I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE AND ACCURATE.			
☐ ROW SIGNAL,	☐ ROW SIGNAL, SENSOR, MONITOR (i.e. Traffic Light)				
☐ CONNECTION or RECONNECTION TO A RELOCATED STRUCTURE		PRINT		DATE	
COMMENTS or FL	JRTHER LOCATION CLARIFICATI	ON: (<u>Please attach r</u>	nap of inspect	ion location)	

FEES: \$ 111.00 for Commercial Inspections; \$ 61.00 for Residential Inspections